

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

Notice CRP-415

For: State and County Offices

Corrected CRP-1J Addendum

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A

Background

Notice CRP-414 provided the CRP-1J Addendum, CRP-1 Modification to Certify to the Adjusted Gross Income Provision. After Notice CRP-414 was issued, an error was found in Exhibit 1 which requires a corrected version of CRP-1J to be issued.

B

Purpose

This notice provides:

- a corrected CRP-1J Addendum, CRP-1 Modification to Certify to the Adjusted Gross Income Provision (Exhibit 1)
- instructions on suspending use of CRP-1J version dated 09-06-02.

2 Policy

A

**Using Corrected
CRP-1J**

County Offices shall:

- use the corrected CRP-1J Addendum, Modification to Certify to the Adjusted Gross Income Provision version dated 09-13-02
- destroy copies of the CRP-1J version dated 09-06-02.

Disposal Date

July 1, 2003

Distribution

State Offices; State Offices relay to County Office and
NRCS State Offices

CRP-1J Addendum, CRP-1 Modification to Certify to the Adjusted Gross Income Provision

This form is available electronically.

CRP-1J Addendum (09-13-02) U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation CRP-1 MODIFICATION TO CERTIFY TO THE ADJUSTED GROSS INCOME PROVISION NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandates by the Paperwork Reduction Act of 1995.	1A. State Code	1B. County Code
	2. Contract Number	
	3. Farm Number	

4. CERTIFICATION STATEMENT

This contract modification is entered into by the Commodity Credit Corporation (CCC) and the undersigned participant(s) of the Conservation Reserve Program (CRP) contract in Item 2 above.

By signing this contract modification, the participant(s) and CCC agree that:

- the AGI provision of Section 1001 D of the Food Security Act 1985, as amended, applies to this contract.
- upon publication of the final rules in the **Federal Register**, the participant may terminate the contract within 60 days of being notified by CCC. If the participant terminates the contract, refunds will not be required, liquidated damages will be waived, and the land may be reoffered for CRP.

It is so agreed and understood.

Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
Participant's Name (Printed)	Participant's Signature	Date (MM-DD-YYYY)
5. Signature of CCC Representative	Date (MM-DD-YYYY)	6. County FSA Office Name and Address (including ZIP Code) Telephone No. (including Area Code):

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is 7 CFR Part 1410. The information will be used to modify the CRP-1 to certify to the adjusted gross income provision. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in loss of benefits. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001, 15 USC 714m, and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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